

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

GEORGE M. PROVOST

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

George M. Provost
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

George M. Provost
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

GEORGE

MI

M

NICKNAME

LAST

MIKE PROVOST

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

267 HARROW DR, SAN ANTONIO,
TX 78227

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

PHYLLIS

MI

L

NICKNAME

LAST

PROVOST

SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

267 HARROW DR, SAN ANTONIO, TX 78227

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 673-9924

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☒

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

4/26/2001

THROUGH

Month

Day

Year

6/23/2001

10 ELECTION

ELECTION DATE

Month

Day

Year

5/5/2001

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council District 4

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

N/A

Address / PO Box;

Apt. / Suite #;

City;

State;

Zip Code

☐ additional pages

2001 JUN 28 P 3:41

GO TO PAGE 2

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CITY OF SAN ANTONIO
CITY CLERK

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

GEORGE M. PROVOST

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) ii

\$ 100

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

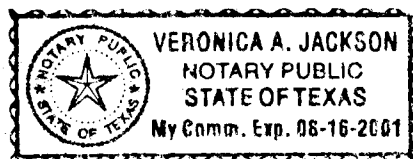
\$ 800.03

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3,706.72

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

George M. Provost
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

14 JUN 28 PM 3:41

Sworn to and subscribed before me, by the said George M. Provost, this the 28 day of JUNE, 192001, to certify which, witness my hand and seal of office.

RECEIVED
CITY OF SAN ANTONIO

Veronica A. Jackson
Signature of officer administering oath

Veronica A. Jackson
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-5-01

5 Full name of contributor

☐ out-of-state PAC (ID#:

ALBERTO MADRID

7 Amount of
contribution (\$)

\$100

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

1349 Deer Ridge
League City, TX 77573

9 Principal occupation (Optional)

Physician

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#: _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)**N/A**

7 Pledgor address;

City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address;

City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address;

City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address;

City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address;

City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

GEORGE M PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

2001 JUN 28 PM 3:42

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: Page 1 of 2	
2 FILER NAME GEORGE M. PROVOST		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$			
5 Date of loan 2/10/01	7 Name of lender <input type="checkbox"/> out of state PAC George M. PROVOST		9 Loan Amount (\$) 711.27
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 267 HARROW DR San Antonio, TX 78227		10 Interest rate N/A
			11 Maturity date N/A
12 Description of Collateral <input checked="" type="checkbox"/> none			
13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		14 Name of guarantor 15 Guarantor address; City; State; Zip Code i.	
16 Amount Guaranteed (\$)			
17 Principal Occupation		18 Employer	
Date of loan 4/11/2001	Name of lender <input type="checkbox"/> out of state PAC GEORGE M PROVOST		Loan Amount (\$) 2295.42
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 267 HARROW DR. SAN ANTONIO, TX 78227		Interest rate N/A
			Maturity date N/A
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		Name of guarantor Guarantor address; City; State; Zip Code 	
Amount Guaranteed (\$)			
Principal Occupation		Employer	

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CITY OF SAN ANTONIO
CITY CLERK
2001 JUN 28 10:07

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

Page 2 of 2

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

5/2/2001

7 Name of lender

George M. PROVOST☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

800.03

6 Is lender a financial institution?

Y

☒ N

8 Lender address; City; State; Zip Code

*267 HARROW DR
San Antonio, TX 78227*

10 Interest rate

N/A

11 Maturity date

N/A

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

☒ not applicable

14 Name of guarantor

16 Amount Guaranteed (\$)

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH 7 ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 CITY OF SAN ANTONIO
 CLERK

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of expenditure

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought / held

2001 JUN 28 10:02
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CITY OF SAN ANTONIO

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **1**

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/2/01

5 Payee name

Xero copy

6 Payee address; City; State; Zip Code

**6151 NW Loop 410
San Antonio, TX 78226**

8 Amount (\$)

151.03

7 Purpose of expenditure (See instructions regarding type of information required.)

Campaign Brochures

☒ Reimbursement from political contributions intended

Date

5/2/01

Payee name

Master Mailing Service

Payee address; City; State; Zip Code

**8852 Broadway
San Antonio, TX 78217-6318**

Amount (\$)

621.00

Purpose of expenditure (See instructions regarding type of information required.)

mailing for brochures

☒ Reimbursement from political contributions intended

Date

5/13/01

Payee name

Master Mailing Service

Payee address; City; State; Zip Code

**8852 Broadway
San Antonio, TX 78217-6318**

Amount (\$)

28.00

Purpose of expenditure (See instructions regarding type of information required.)

mailing fees

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1

2 FILER NAME

George M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)**N/A**

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: **1**

2 FILER NAME

George M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date

N/A

5 Payee name

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

8 Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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CITY OF SAN ANTONIO
JUN 28 2 34 PM '02

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: **1**

2 FILER NAME

George M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

8 Amount
(\$)

6 Payor address; City; State; Zip Code

7 Reason for credit

N/A

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

2001 APR 25 A 9:54 //

3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-Delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #	Amount
	NICKNAME	LAST	SUFFIX	Date Processed	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. -- Name _____ Address / PO Box; Apt. / Suite #; City; State; Zip Code _____				
<input type="checkbox"/> additional pages					

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

COVER SHEET PG 2

14 C/OH NAME

GEORGE M. PROVOST

 RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR 25 A 9:51
ACCOUNT # (Ethics Commission file)
16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

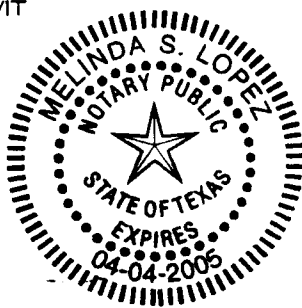
4. TOTAL POLITICAL EXPENDITURES

\$ 2295.42

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 3,006.69

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 George M. Provost
Signature of Candidate or Officeholder

 Sworn to and subscribed before me, by the said George M. PROVOST, this the 25th day of April, 20 01, to certify which, witness my hand and seal of office.

Melinda S. Lopez

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, B, SPAC-SS)

CITY OF SAN ANTONIO

CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT (Ethics Commission files)

2001 APR 25 A 9:54

4 Date N/A	5 Full name of contributor Contributor address: City: State: Zip Code	<input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
-------------------	--	---	-------------------------------	--

9 Principal occupation (Optional)	10 Employer (Optional)
-----------------------------------	------------------------

Date	Full name of contributor Contributor address: City: State: Zip Code	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	--	---	-----------------------------	--

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date	Full name of contributor Contributor address: City: State: Zip Code	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	--	---	-----------------------------	--

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date	Full name of contributor Contributor address: City: State: Zip Code	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	--	---	-----------------------------	--

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date	Full name of contributor Contributor address: City: State: Zip Code	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	--	---	-----------------------------	--

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

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CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#:8 Amount of
pledge (\$)9 In-kind description
(if applicable)

N/A

7 Pledgor address:

City: State: Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS

SCHEDULE E

RECEIVED
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The INSTRUCTION GUIDE explains how to complete this form.

0147-FILE PER
2001 APR 25 A 9:54
1
3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

GEORGE M. PROVOST

4

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

2/10/01

7 Name of lender

GEORGE M. PROVOST

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

711.27

6 Is lender a
financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

267 HARROW DR, SAN ANTONIO, TX
78227

10 Interest rate

N/A

11 Maturity date

N/A

12 Description of Collateral

☒ none13 GUARANTOR
INFORMATION☒ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

4/11/2001

Name of lender

GEORGE M. PROVOST

☐ out-of-state PAC (ID#:

Loan Amount (\$)

2295.42

Is lender a
financial institution?

Y

(N)

Lender address; City; State; Zip Code

267 HARROW DR, SAN ANTONIO, TX 78227

Interest rate

N/A

Maturity date

N/A

Description of Collateral

☒ noneGUARANTOR
INFORMATION☒ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction Guide explains how to complete this form.

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CITY CLERK

pages Schedule F: 1

2 FILER NAME

GEORGE M. PROVOST

2001 APR 25

ACCOUNT (Ethics Commission filers)

4 Date N/A	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
-------------------	--	---------------

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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CITY CLERK

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1
2001 APR 25 A 4 54

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

XERO COPY

6 Payee address; City; State; Zip Code

6151 NW Loop 410
San Antonio, TX 78226

8 Amount (\$)

539.38

7 Purpose of expenditure (See instructions regarding type of information required.)

Brochure copies for campaign

☒ Reimbursement from political contributions intended

Date

Payee name

Master Mailing Service

Payee address; City; State; Zip Code

8852 Broadway
San Antonio, TX 78217-6318

Amount (\$)

1,306.58

Purpose of expenditure (See instructions regarding type of information required.)

Postage for 8,556 pieces

☒ Reimbursement from political contributions intended

Date

Payee name

Heritage Neighborhood Association

Payee address; City; State; Zip Code

Amount (\$)

150.00

Purpose of expenditure (See instructions regarding type of information required.)

newsletter ad

☒ Reimbursement from political contributions intended

Date

Payee name

Master Mailing Service

Payee address; City; State; Zip Code

8852 Broadway
San Antonio, TX 78217-6318

Amount (\$)

299.46

Purpose of expenditure (See instructions regarding type of information required.)

mailing fees (folding, addressing, sorting & delivery to post office)

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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The instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1

2001 APR 25 A 9:50

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date

N/A

5 Business name

6 Business address; City; State; Zip Code

7 Amount (\$)

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

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Total pages Schedule 1:

2 FILER NAME

GEORGE M. PROVOST

2001 APR 25 AM 9:54 ACCOUNT# (Election Commission filers)

4	Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
	Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
	Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
	Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
	Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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CREDITS (optional)**SCHEDULE K**RECEIVED
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The instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2001 APR 25 A 9:55 /

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
N/A		
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**RECEIVED
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CITY CLERK

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2001 APR 25 A 9:55

ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.**B. ASSETS**

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204._____
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file._____
Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

11

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
GEORGE M
NICKNAME LAST SUFFIX
MIKE PROVOST

OFFICE USE ONLY

Date Received

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CITY CLERK
2001 APR - 3 P 2:12

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
267 HARROW DR, SAN ANTONIO, TX
78227

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
PHYLLIS L
NICKNAME LAST SUFFIX
PROVOST

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
267 HARROW DR, SAN ANTONIO, TX 78227

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 673-9924

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
1 / 01 / 2001 THROUGH 3 / 26 / 2001

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
5 / 5 / 2001 ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COUNCIL DISTRICT 4

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

GEORGE M. PROVOST

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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17 NO REPORTABLE
ACTIVITY
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0 -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 711.27

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 711.27

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

George M. Provost
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said George M. Provost, this the 3rd day of April, 2001, to certify which, witness my hand and seal of office.

Melissa Arevalo
Signature of officer administering oath

Melissa Arevalo
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date

N/A

5 Full name of contributor

☐ out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1: 1	
2 FILER NAME GEORGE M. PROVOST		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			
5 Date N/A	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable) RECEIVED CITY CLERK SAN ANTONIO 2008 APR -3 P 2 12
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 0

5 Date of loan

2/10/01

7 Name of lender

☐ out-of-state PAC (ID#:

GEORGE M. PROVOST

9 Loan Amount (\$)

711.27

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

267 HARROW DR, SAN ANTONIO, TX
78227

10 Interest rate

N/A

11 Maturity date

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

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17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

N/A

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **1**

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/10/01	5 Payee name Allied Advertising Inc.	8 Amount (\$) 582.55
	6 Payee address; City; State; Zip Code 3700 BLANCO RD SAN ANTONIO, TX 78212	
	7 Purpose of expenditure (See instructions regarding type of information required.) 500 CAMPAIGN SIGNS	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2/16/01	Payee name HOME DEPOT	Amount (\$) 200.00
	Payee address; City; State; Zip Code 611 SW Loop 410 SAN ANTONIO, TX	
	Purpose of expenditure (See instructions regarding type of information required.) Nails, tape, glue for signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2/17/01	Payee name SUPER K Store 3992	Amount (\$) 5.69
	Payee address; City; State; Zip Code Loop 410 SAN ANTONIO, TX 78227	
	Purpose of expenditure (See instructions regarding type of information required.) Tape + glue	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2/23/01	Payee name City of San Antonio	Amount (\$) 100.00
	Payee address; City; State; Zip Code Municipal Building SAN ANTONIO, TX 78207	
	Purpose of expenditure (See instructions regarding type of information required.) Filing fee	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date

N/A

5 Business name

6 Business address; City; State; Zip Code

7 Amount (\$)

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought

Date

Business name

Business address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Business address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Business address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The instruction Guide explains how to complete this form.

1 Total pages Schedule I:

1

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

N/A

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Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

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CREDITS (optional)**SCHEDULE K**

The instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

GEORGE M. PROVOST

3 ACCOUNT # (Ethics Commission filers)

4 Date

N/A

5 Payor name

6 Payor address; City; State; Zip Code

7 Reason for credit

8 Amount (\$)

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CITY OF SAN ANTONIO
CITY CLERK
2001 APR - 30 2:12

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

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Payor name

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Reason for credit

Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating this report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder